

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9505
Registrar's No. 2988

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6105 Sherry Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MAMIE BUSSMEYER
(b) If veteran, None (c) Social Security No. None
name None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Bussmeyer 6. (c) Age of husband or wife if alive 43 yrs
7. Birth date of deceased Nov. 19 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 9 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

12. Name John Dejnowski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Anastatia
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Bussmeyer
(b) Address 6105 Sherry Avenue

17. (a) Burial (b) Date thereof 4/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAR 30 1940 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 28
year 1940 hour 7 minute 30 PM
21. I hereby certify that I attended the deceased from 6 - 10 hrs -
that I last saw her alive on 3-28-40
and that death occurred on the date and hour stated above.
Immediate cause of death Acute toxic Septicemia -
Due to Pyelonephritis bilateral - non calculous
Due to Myoma of uterus - degenerated non malignant
Other conditions 548
(Include pregnancy within 3 months of death)

Major findings: Degenerated Myoma
Of operations
Of autopsy Pyelonephritis - multiple renal abscesses

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature Myranda Davis 1 (M. D. number)
Address 3720 Washington Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.